

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019187

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1		1				51					
1							52					
2							53					
3							54					
4							55					
5							56					
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42							93					
43							94					
44							95					
45							96					
46							97					
47							98					
48							99					
49							100					
50												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												